

Name in Full		Roland Breege				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Tulhat		County	
		Date of death		Age		Months	
		Sex		Color or Race		Birthplace	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		How long			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
				Address			
		Accident or Suicide?					



Name in Full

Certificate of Death

Died at

Town
PinevilleCounty
Talbot

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

2

21

Age

75

0

2

Talbot

man

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband of

Sarah Corleraw

Father's

Name

Charles Corleraw

Mother's

Maiden Name

Elizabeth Price.

Cause of

Primary

Lupus of face

33

How long sick

15 years

Death

Immediate

Erysipelas.

Accident, ~~Swindle~~, ~~Homicide~~

Reported by

Joseph A. Ross M.D.

Address

Pineville Talbot Co, Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Louisa E. H. Craig

CERTIFICATE

MARYLAND

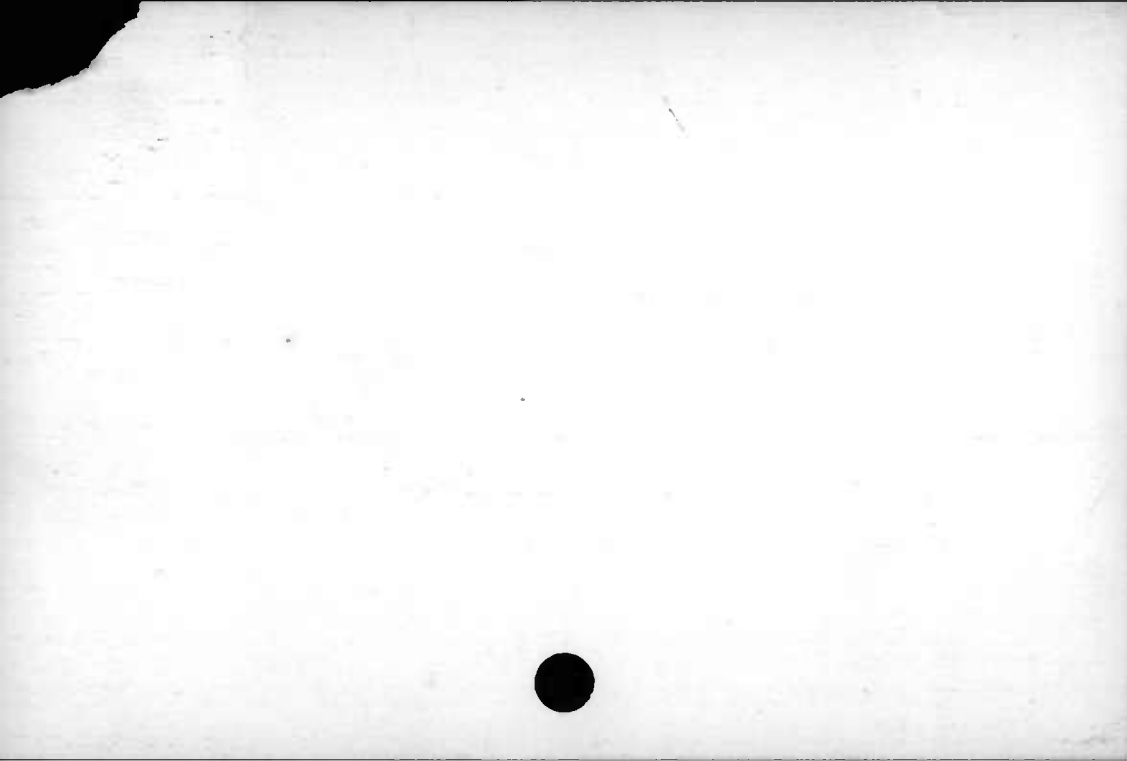
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Trappe</u> <small>Town</small>		<u>Talbot</u> <small>County</small>			
Date of death <u>1905</u> <small>Month</small> <u>February</u> <small>Day</small> <u>22</u> <small>Years</small> <u>87</u>		Age <u>87</u>		<u>3</u> <small>Months</small> <u>—</u> <small>Days</small>	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Talbot</u>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>Charles P. Craig</u>		
Father's Name <u>James Bowie</u>			Father's Birthplace <u>Talbot</u>		
Mother's Maiden Name <u>Anna Haskins</u>			Mother's Birthplace <u>Talbot</u>		
Name of person giving information <u>B. H. Craig</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Arterio Sclerosis</u> <u>81</u>	How long	<u>5 yrs</u>
Immediate	<u>Embolism (cerebral)</u>	How long	<u>a few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wm. S. Symonds</u>	
		Address <u>Trappe Md</u>	
Accident or Suicide? <u>no</u>			



Name in Full *Margaret Eikon*

Town *near Trappe* County *Talbot* MARYLAND

Died *near Trappe* Month *2* Day *9* Y. *35* M. *-* D. *-* Native of *Talbot Co* Occupation *Housewife*

Date 19*05* ~~Male~~ ~~Widow~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living *8.*

~~Husband~~ of *Thomas Eikon*

Wife

Father's Name *Joseph Roberts* Mother's Name *Hester Sorden*

Cause of Death { Primary *Acute Phthisis.* Immediate *Exhaustion* } How long sick *7 months*

Death { *Accident, Suicide, Homicide* }

Reported by *Joseph A Ross. M.D.*

Address *Trappe Talbot Co Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

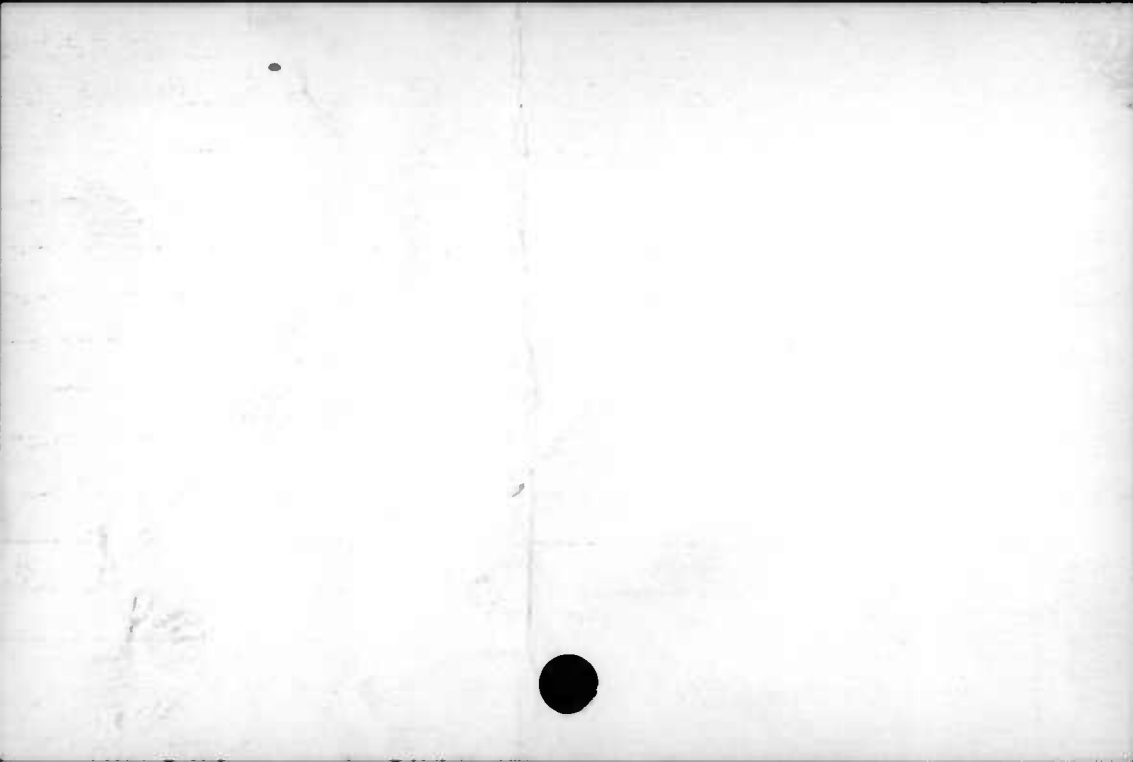


Name in Full		James E. Gossage				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Easton Pox.	County John		MARYLAND		
		Date of death	1905	Month 14	Day July	Years Age 73	Months	Days	
		Sex	Male		Color or Race	White		Birth-place	Hanblatin Md
		Occupation	Sailor		Where Residing if not at place of death		—		
		Married, Single or Widowed	Married		Name of Wife or Husband	Sallie Gossage			
PHYSICIAN OR CORONER		Father's Name	Mrs. Gossage			Father's Birthplace			
		Mother's Maiden Name	Maria			Mother's Birthplace	—		
		Name of person giving information	William Gossage			How related to deceased	Son		
		CAUSES OF DEATH							
Primary		Rupture blood vessel Brain				How long	Immediate		
Immediate		Paralysis				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Julius A. Johnson			
				Address		Easton Md			
Accident or Suicide?									

16''



Name in Full		James Edward Harris				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Easton Dist.</i>		County <i>Talbot.</i>		MARYLAND		
		Date of death <i>1905 July</i>	Month <i>27</i>	Day <i>27</i>	Age <i>23</i>	Years	Months	Days <i>1</i>
		Sex <i>male</i>	Color or Race <i>negro</i>		Birth-place <i>Talbot Co.</i>			
		Occupation <i>farm hand</i>	Where Residing if not at place of death <i>Easton Dist.</i>					
		Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Lizzie Berry</i>					
PHYSICIAN OR CORONER		Father's Name <i>Samuel Harris</i>				Father's Birthplace <i>Talbot Co.</i>		
		Mother's Maiden Name <i>Augusta Webb</i>				Mother's Birthplace <i>Caroline Co.</i>		
		Name of person giving information <i>Samuel Harris</i>				How related to deceased <i>Father</i>		
		CAUSES OF DEATH						
		Primary <i>General Tuberculosis</i>				How long <i>3 1/2 years.</i>		
		Immediate <i>Heart failure</i>				How long <i>3 days.</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>J. S. Garrison M.D.</i>		
						Address <i>Easton Md</i>		
		Accident or Suicide?						



Name
in
Full

James Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND	
Date of death		1905	Month Feb	Day 20	Age 40	Months —	Days —
Sex	Male		Color or Race	Black		Birth-place	Med
Occupation	Laborer			Where Residing if not at place of death X			
Married, Single or Widowed	Married		Name of Wife or Husband Annamaria Chase				
Father's Name	John Jones					Father's Birthplace	Virginia
Mother's Maiden Name	Hester Coursey					Mother's Birthplace	Med
Name of person giving Information	Paul Hazelton					How related to deceased	not

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dropsy (General)		How long	Eight Mos
Immediate	Exhaustion		How long	a few days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. R. Zippe
			Address	Easton
Accident or Suicide?				Med



Name
in
Full

Minnie Miller

2-4-VI

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Prosser</i> ^{Town}		<i>Pulbert</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	<i>Feb</i> ^{Month}	<i>7</i> ^{Day}	Age <i>48</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Housekeeper</i>				
Name of Wife or Husband <i></i>					
Father's Name <i>dont know</i>			Father's Birthplace <i>dont know</i>		
Mother's Maiden Name <i>dont know</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Thomas Gray</i>			How related to deceased <i>not at all</i>		

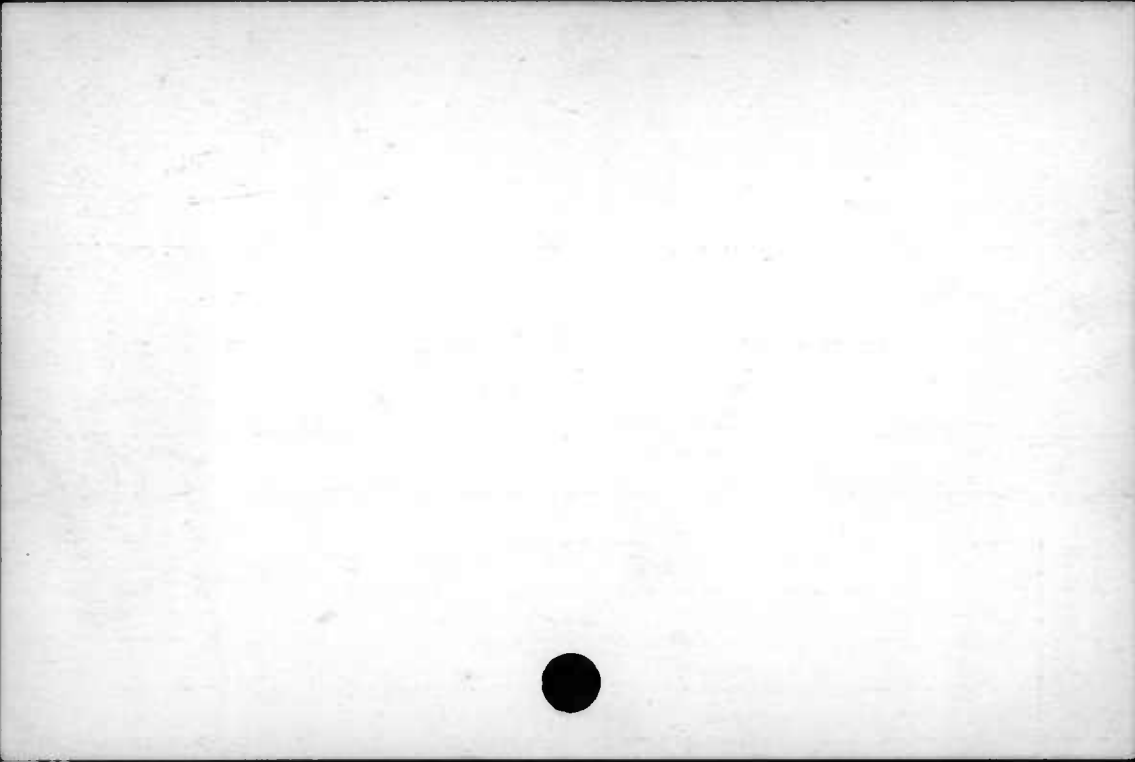
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fallen a hurt received by carriage running over</i>	How long <i>4 months</i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>No doctor</i>
	Address <i>Prosser Md.</i>
Accident or Suicide?	



Name in Full		Alongo Miller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Oxford Ark		Latter-				
	Date of death		Month	Day	Years	Months	Days
	1905		July	15	Age	11	
	Sex		Color or Race		Birthplace		
	Man		Cotund		Oxford Ark		
	Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Allen Miller Jr.				Md			
Mother's Maiden Name				Mother's Birthplace			
Mary Ann Brinkes				Md			
Name of person giving information				How related to deceased			
Allen Miller Jr.				Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		How long				
	Tuberculosis		2 year				
	Immediate		How long				
	Exhaustion		2 1/2 days				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
Yes		Julius A. Johnson					
		Address					
		Easton					
Accident or Suicide?							



Name
in
Full

Sarah Louisa Moore.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>Trippe</i>		County <i>Talbot</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>2</i>	Day <i>27</i>	Age <i>68</i>	Months <i>11</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Talbot Co. Md.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>Peter Harrison Garbawles</i>			Father's Birthplace <i>Smyma Del</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>John Moore</i>			How related to deceased <i>Son</i>		

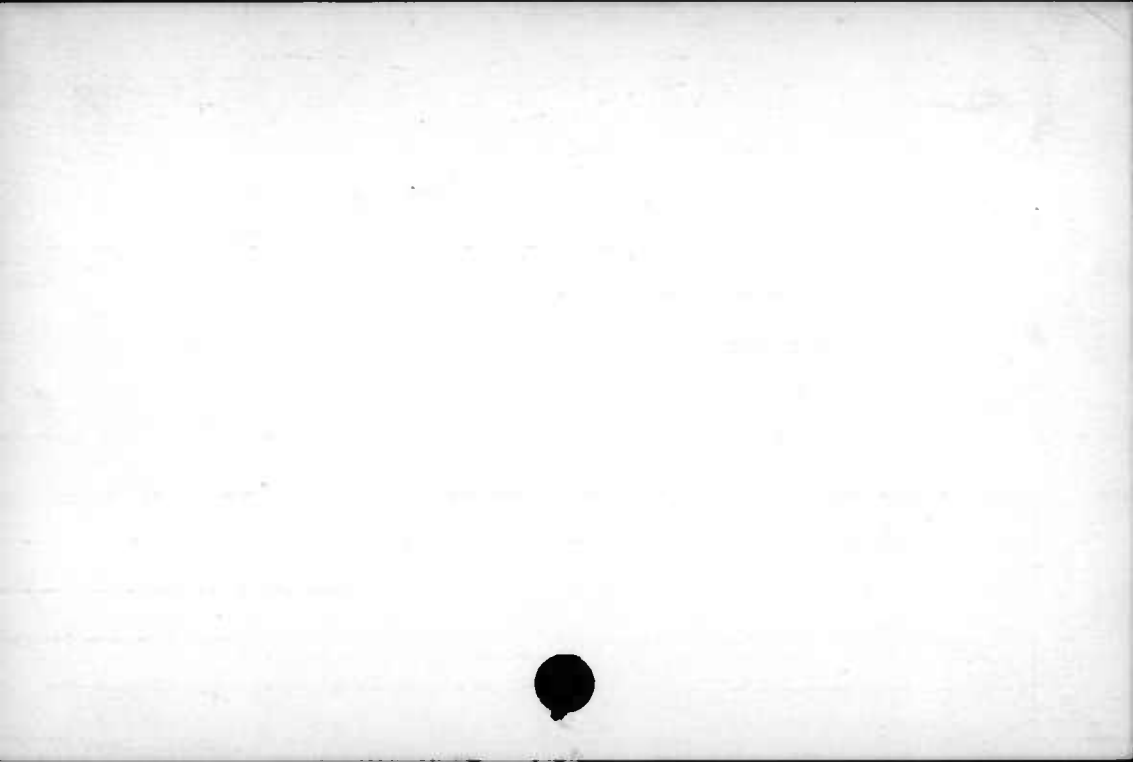
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright Disease</i>	How long	<i>admit known</i>
Immediate	<i>uraemia.</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Joseph A. Ross M.D.</i>	
		Address <i>Trippe, Talbot Co. Md.</i>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died <i>near Easton</i>		Town <i>Talbot</i>		County <i>-</i>	
	Date of death <i>1905 Feb</i>		Month <i>Feb</i>	Day <i>16</i>	Years <i>48</i>	
	Sex <i>Male</i>		Color or Race <i>White</i>		Months <i>4</i>	
	Occupation <i>Farming</i>		Where Residing if not at place of death <i>at Home</i>		Days <i>-</i>	
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Georganna Perry</i>			
	Father's Name <i>Nathaniel Perry</i>		Father's Birthplace <i>Maryland</i>			
	Mother's Maiden Name <i>Susan W. Carmine</i>		Mother's Birthplace <i>Caroline Co. Md</i>			
	Name of person giving information <i>J. W. Perry</i>		How related to deceased <i>Brother</i>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>La Grippe - Pneumonia</i>		How long <i>13 days Grip</i>		How long <i>4 days Pneumonia</i>	
	Immediate <i>Cerebral Embolism</i>		How long <i>2 1/2 hrs</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. F. Davidson</i>		Address <i>Easton Md</i>	
	Accident or Suicide?					



Name
in
Full

Mrs Jamie Elizabeth Hood. Rhode

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Helloughby</i>		Town <i>Talbot</i>		County	
Date of death	1905	Month	2	Day	22
Sex	Female	Color or Race	White	Years	41
Occupation	Housewife	Where Residing if not at place of death	Place of death		
Married, Single or Widowed	Married	Name of Husband	John A. Rhodes		
Father's Name	Henry Hood	Father's Birthplace	Caroline Co		
Mother's Maiden Name	Alice Slaughter	Mother's Birthplace	Talbot Co		
Name of person giving information	Annie M. Rhodes			How related to deceased	Sister-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Interstitial Nephritis	How long	5 yrs
Immediate	Uremia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>[Signature]</i>
		Address	<i>Quintrell St</i>
Accident or Suicide?	No		

25- at St Joseph

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

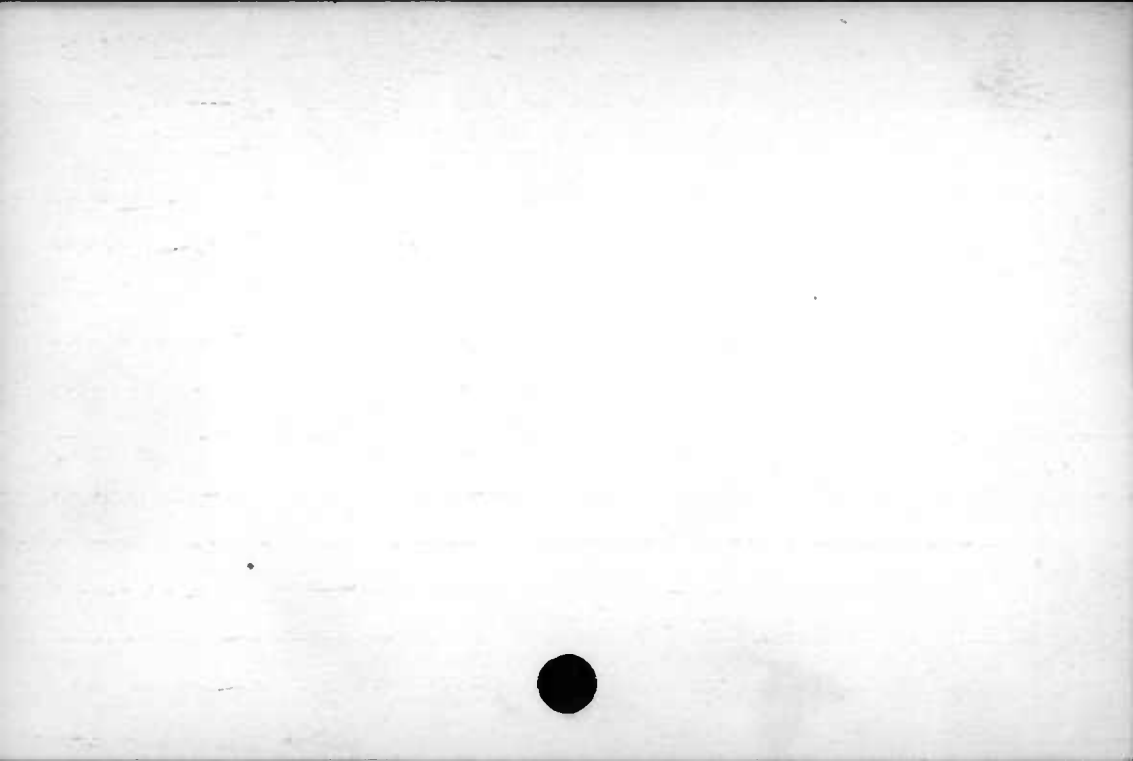
Baby John A Rhoads		Town		County		MARYLAND	
Died at Willoughby		Date of death		Age		Months	
1900		Month 2		Day 3		Years	
Sex Female		Color or Race White		Birth-place Willoughby		Days	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name John A Rhoads		Father's Birthplace Md.					
Mother's Maiden Name Francis K. Ward		Mother's Birthplace Md.					
Name of person giving Information Father		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long	
Immediate	Asthemia	How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Robert Hackett	
		Address Queen Anne Md.	
Accident or Suicide?			

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Trappe</i>		County <i>Galbot</i>		MARYLAND
	Date of death <i>1905 Feb.</i>	Day <i>24</i>	Years <i>46</i>	Months <i>5</i>	Days <i>24</i>
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore Md</i>		
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robert Roe</i>			
	Father's Name <i>Samuel To Erwell</i>	Father's Birthplace <i>Gilford Va</i>			
	Mother's Maiden Name <i>Elizabeth J. Jefferson</i>	Mother's Birthplace <i>Church Creek Md.</i>			
Name of person giving information <i>Robert Roe</i>		How related to deceased <i>Husband</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Neuroasthenia</i>		How long <i>6 mo</i>		
	Immediate <i>Acute Gastritis</i>		How long <i>2 days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>William J. Sefton</i>		
			Address <i>Trappe Md.</i>		
	Accident or Suicide? <i>no</i>				



Name in Full

Certificate of Death

Louise Taylor

Died at ^{Town} Mc. Daniel ^{County} Talbot MARYLAND

Date 1905- ^{Month} Feb. ^{Day} 8 ^{Y.} ^{M.} ^{D.} ^{Native of} Ind ^{Occupation}

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
 Female ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband of
 Wife
 Father's Name George Berry Taylor Mother's Name M. Evelyn Dawson
 Maiden Name

Cause of Death { Primary Immediate Gastro Enteric Colitis }
 How long sick 2 days
 Accident, Suicide, Homicide

Reported by Dr. S. K. Wilson

Address Filyman Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George A young

CERTIFICATE OF DEATH

Died at

Trappe

Town

County

Talbot Co

MARYLAND

Date

of death 1901

Feb 16th

Day

Age

Years

36 1/2

Months

Days

Sex

Male

Color or
Race

African

Birth-
place

Talbot Co

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Robert young

Father's
Birthplace

Talbot Co

Mother's
Maiden Name

Married Banks

Mother's
Birthplace

Talbot Co

Name of person giving
Information

Oscar young

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

6 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Mr S. Seymour

Address

Trappe Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

